



Communicable Disease and Epidemiology News
Published continuously since 1961
Laurie K. Stewart, MS, Editor

 **Public Health**
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Epidemiology, Prevention Division
Wells Fargo Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4039
Return Services Requested

PRSR STD
U.S. Postage
PAID
Seattle, WA
Permit No. 1775

Vol. 43, No. 5

May 2003

- **HIPAA and Public Health Reporting: Yes You Can!**
- **SARS in King County**
- **Clinician Advisory on Negative Pertussis DFA Test: Not a Reason to Stop Treatment**
- **Avian Influenza in the Netherlands**
- **PHSKC-INFO-X Listserv for King County Health Care Providers**
- **CDC Clinician Registry for Terrorism and Updates and Training Opportunities**
- **HIV/AIDS Cases are Incomplete for April 2003**

HIPAA and Public Health Reporting: Yes You Can!

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has led to the development of new health information privacy standards by the U.S. Department of Health and Human Services (DHHS). The new standards provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). The HIPAA Privacy Rule 45 CFR §164.512(b) recognizes the legitimate need for public health authorities, that are responsible for protecting the health of the public, to have access to protected health information to carry out their public health functions. The limits on exchange of protected health information generally do not apply to governmental public health agencies. Public Health-Seattle & King County is a public health authority as defined by the HIPAA Privacy Rule, 45 C.F.R §164.501.

The HIPAA privacy standards (Privacy Rule) **expressly permit disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purposes of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention.** The HIPAA Privacy Rule permits covered entities (health care providers, health plans, and health care clearinghouses) to disclose protected health information without client or patient authorization, to public health authorities. Usually an accounting is required for disclosures made without authorization, including public health purposes.¹ The covered entity does not need a business associate contract, or other agreement with the public health entity in order to disclose the information. In Washington State, there are several laws and regulations that require disclosure of certain protected health information to public health authorities, and describe the content of notifiable disease reports. Chief among these are WAC 246-101 Notifiable Conditions (as authorized by RCW 43.20.050 Powers and Duties of State Board of Health), RCW 70.28.010 (health care providers required to report tuberculosis cases) and

RCW 70.24 (control and treatment of sexually transmitted diseases).

More information about HIPAA is available on the Washington State DOH web site (<http://www.doh.wa.gov/OS/HIPAA/default.htm>) and the Center’s for Disease Control and Prevention’s (CDC) web site (<http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>). If you have additional questions about HIPAA, please contact your regular Public Health representative or Public Health’s Privacy Office at 206-205-5975.

SARS in King County

Since March 16th, Public Health has investigated 140 possible SARS cases in King County. A total of 15 persons investigated in King County are classified as suspect SARS cases. All have recovered from the worst of their illness, and have finished their 10-day isolation period. Results of laboratory testing at the CDC are pending. Convalescent serum specimens from 8 patients are currently at the CDC; five patients refused testing. Over 156 contact investigations related to these cases were conducted, including 10-day monitoring for symptom watch. One suspect case was identified in a health care worker exposed to a suspect SARS patient.

Fourteen persons were exposed during travel to SARS-affected areas, and one was exposed in the health care setting to a traveler with suspected SARS. All traveled in Southern China (Mainland China n =12) including Hong Kong (n=9). Two also traveled in other Asian countries. In addition to the 15 cases, there have been 179 other investigations of persons with potential SARS exposures.

Clinician Advisory on Negative Pertussis DFA Test: Not a Reason to Stop Treatment

Patients treated for suspected pertussis, either because they meet the clinical case definition for pertussis, or because they are a close contact of a confirmed case, should **not** be instructed to stop antibiotics based on a negative pertussis Direct Fluorescent Antibody (DFA) test. The pertussis DFA is considered a screening test, which has a relatively low sensitivity. The gold standard

¹ CDC. HIPAA Privacy Rule and Public Health. MMWR 2003;52(S-1):1-12.

test for pertussis is culture, which should always be ordered along with a pertussis DFA. PCR is also an acceptable alternative to culture when performed at a laboratory experienced with this test. Additional information about diagnosing and treating pertussis can be found at:
<http://www.metrokc.gov/health/providers/pertussis>

Avian Influenza A (H7N7) Outbreak in the Netherlands

Since the end of February, 2002, the Netherlands has been experiencing an outbreak of highly pathogenic avian influenza A (H7N7) in poultry, with transmission to humans. Although this highly pathogenic strain has not shown efficient transmission from human to human at this time, the situation is being closely monitored for any change in transmission efficiency that could indicate a potential pandemic strain. As of April 25, 2003, there had been 83 confirmed cases of human (H7N7) influenza virus infections among poultry workers and their families. Seventy-nine of these had only conjunctivitis, but others had typical influenza symptoms, and one person died of acute respiratory distress syndrome.

The Centers for Disease Control and the World Health Organization have issued no restrictions on travel to the Netherlands. Additional information can be found at:
<http://www.cdc.gov/ncidod/diseases/flu/H7N7facts.htm>
http://www.who.int/csr/don/2003_04_24/en/.

PHSKC-INFO-X Listserv for King County Health Care Providers

The Communicable Disease Section has created a new listserv to rapidly communicate information of public health importance to King County health care providers. The list is used to send health advisories, information and updates on outbreaks, evaluation, treatment and infection control guidelines, noteworthy immunization issues, and other information. Recently the list has been used to send clinical guidelines related to the anthrax outbreak in 2001, smallpox vaccine, and the SARS outbreak. We encourage all health care providers and practice managers, who can forward these messages to

clinicians, to subscribe to the list by visiting:
<http://mailman.u.washington.edu/mailman/listinfo/phskc-info-x> or calling 206-296-4774 and asking to be subscribed to PHSKC-INFO-X.

CDC Clinician Registry for Terrorism and Updates and Training Opportunities

CDC has set up a free registry to provide clinicians with real-time information to help prepare for (and possibly respond to) terrorism and other emergency events. Participants will receive regular e-mail updates on terrorism and other emergency issues, and on training opportunities relevant to clinicians.

To sign up for the registry and receive e-mail updates, visit the CDC website at:
www.bt.cdc.gov/clinregistry/

HIV/AIDS Cases are Incomplete for April 2003

The number of HIV and AIDS cases for April 2003 are incomplete in the “Reported Cases of Selected Diseases Table” (see below), because the HIV/AIDS Program is in the process of switching to a new CDC database system. During the transition, they have had to put a hold on all data entry.

Disease Reporting	
AIDS/HIV.....	(206) 296-4645
STDs.....	(206) 731-3954
TB	(206) 731-4579
Other Communicable Diseases.....	(206) 296-4774
Automated 24-hr reporting line for conditions not immediately notifiable.....	(206) 296-4782
Hotlines:	
Communicable Disease	(206) 296-4949
HIV/STD	(206) 205-STDS
EPI-LOG Online (including past issues):	
www.metrokc.gov/health/providers	

Reported Cases of Selected Diseases, Seattle & King County 2003				
	Cases Reported in April		Cases Reported Through April	
	2003	2002	2003	2002
Campylobacteriosis	16	23	64	84
Cryptosporidiosis	3	0	12	4
Chlamydial infections	456	323	1,594	1,374
Enterohemorrhagic E. coli (non-O157)	0	0	0	0
E. coli O157: H7	1	0	10	3
Giardiasis	6	23	34	70
Gonorrhea	127	107	486	472
Haemophilus influenzae (cases <6 years of age)	0	0	0	0
Hepatitis A	3	3	11	18
Hepatitis B (acute)	8	1	15	7
Hepatitis B (chronic)	47	49	200	152
Hepatitis C (acute)	3	1	5	6
Hepatitis C (chronic, confirmed/probable)	65	137	351	554
Hepatitis C (chronic, possible)	22	34	100	148
Herpes, genital (primary)	55	57	220	215
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	18	68	137	221
Measles	0	0	0	0
Meningococcal Disease	1	1	3	10
Mumps	0	0	0	0
Pertussis	21	5	70	26
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	13	22	66	50
Shigellosis	15	4	50	17
Syphilis	8	0	28	13
Syphilis, congenital	0	0	0	0
Syphilis, late	2	0	16	9
Tuberculosis	13	13	51	43

The Epi-Log is available in alternate formats upon request.



Communicable Disease and Epidemiology News
Published continuously since 1961
Laurie K. Stewart, MS, Editor

 **Public Health**
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Epidemiology, Prevention Division
Wells Fargo Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4039
Return Services Requested

PRSR STD
U.S. Postage
PAID
Seattle, WA
Permit No. 1775

<p>Vol. 43, No. 5</p> <ul style="list-style-type: none">• HIPAA and Public Health Reporting: Yes You Can!• SARS in King County• Clinician Advisory on Negative Pertussis DFA Test: Not a Reason to Stop Treatment• Avian Influenza in the Netherlands• PHSKC-INFO-X Listserv for King County Health Care Providers• CDC Clinician Registry for Terrorism and Updates and Training Opportunities• HIV/AIDS Cases are Incomplete for April 2003	<p>May 2003</p>
---	------------------------